STATE OF INDIANA	•	E	COURT
COUNTY OF) SS:) Case Nu (<i>To be</i>	ımber: supplied by Clerk when c	ase is filed.)
(Caption)			
APPI	CARANCE BY AT	TORNEY IN CIVIL CA	ASE .
This Appearance Form m	ust be filed on beh	alf of every party in a ci	vil case.
1. The party on whose		_	and
Initiating	Responding	Intervening;	and
the undersigned atto the following partie	-	eys listed on this form now	appear in this case for
Name of party			
order, a workplace	violence restraining	ow if this case involves a p g order, or a no-contact or	rder)
Telephone # of part	у		<u> </u>
(List on a continuation pag	e additional parties	this attorney represents in	n this case.)
2. Attorney informat	ion for service as re	quired by Trial Rule 5(B)	(2)
Name:		Atty Number:	
Address:			
Email Address:			
(List on continuati	on page additional	attorneys appearing for a	bove party)
3. This is a	case type as def	ined in administrative Rul	le 8(B)(3).
4. I will accept service FAX at the above	ce by: ve noted number: Y	es No	

	Email at the above noted number: Yes No		
5.	This case involves child support issues. Yes No (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper . Use Form TCM-TR3.1-4.)		
6.	This case involves a protection from abuse order, a workplace violence restraining order, or a no – contact order. Yes No (If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.) The party shall use the following address for purposes of legal service:		
	Attorney's address The Attorney General Confidentiality program address (contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.state.in.us). Another address (provide)		
7.	This case involves a petition for involuntary commitment. Yes No		
8.	If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:		
	a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above:		
	b. State of Residence of person subject to petition:		
	c. At least one of the following pieces of identifying information: (i) Date of Birth (ii) Driver's License Number State where issued Expiration date		
	(iii) State ID number Expiration date State where issued Expiration date		
	 (iv) FBI number		
9.	There are related cases: Yes No (If yes, list on continuation page.)		
10	. Additional information required by local rule:		

11. There are other party members:	Yes No (If yes, list on continuation page.)
12. This form has been served on all Yes No	other parties and Certificate of Service is attached:
	Attorney-at-Law (Attorney information shown above.)